

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate Elton Gregory "Greg" SnowdenAddress 6136 14th Avenue, Meridian, MS 39305Telephone 601-693-5700 Fax 601-693-5040Contact Name Greg Snowden Email greg@gregsnowden.comOffice Sought Miss. House of Rep., Dist. 83 Political Party Republican☐ Check here if above is different from previous report**TYPE OF REPORT**

- May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$3,450.00+\$450.00	\$3,900.00	\$3,900.00
Total amount of disbursements	\$1,569.22+\$2,590.84	\$4,140.06	\$4,110.32
Total amount of cash on hand		\$15,310.74	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

January 14, 2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Elton Gregory "Greg" SnowdenReporting period January 1, 2010 through December 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE-PAC		<u>6</u> / <u>1</u> / <u>10</u>	\$500.00
Mailing Address c/o Charles M. Garrett, State Farm Agent		<u>12</u> / <u>20</u> / <u>10</u>	\$500.00
City, State, Zip Code 5001 Poplar Springs Drive, Meridian, MS 39305		___ / ___ / ___	\$
Name of Employer (Required) PAC		___ / ___ / ___	\$
Occupation (Required) PAC		Aggregate year-to-date	\$1,000.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT&T Mississippi PAC		<u>8</u> / <u>16</u> / <u>10</u>	\$400.00
Mailing Address 175 East Capitol Street, Suite 702		___ / ___ / ___	\$
City, State, Zip Code Jackson, Mississippi 39201-2135		___ / ___ / ___	\$
Name of Employer (Required) PAC		___ / ___ / ___	\$
Occupation (Required) PAC		Aggregate year-to-date	\$400.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Dental PAC		<u>8</u> / <u>12</u> / <u>10</u>	\$500.00
Mailing Address 2630 Ridgewood Road, Suite C		___ / ___ / ___	\$
City, State, Zip Code Jackson, Mississippi 39216-4920		___ / ___ / ___	\$
Name of Employer (Required) PAC		___ / ___ / ___	\$
Occupation (Required) PAC		Aggregate year-to-date	\$500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Eli Lilly & Company		<u>9</u> / <u>1</u> / <u>10</u>	\$250.00
Mailing Address 416 Brava Costa Street		___ / ___ / ___	\$
City, State, Zip Code Dauphin Island, Alabama 36528		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$250.00

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ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>QC Holdings, Inc.</u>		<u>10 / 22 / 10</u>	\$ 250.00
Mailing Address <u>9401 Indian Creek Parkway, Suite 1500</u>		<u> / / </u>	\$
City, State, Zip Code <u>Overland Park, Kansas 66210</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Association</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Association for Homecare</u>		<u>12 / 17 / 10</u>	\$ 300.00
Mailing Address <u>Post Office Box 24087</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, Mississippi 39225-4087</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Management Company, LLC</u>		<u>12 / 14 / 10</u>	\$ 500.00
Mailing Address <u>Magnolia Health Plan, 200 E Capitol Street, Suite 1745</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, Mississippi 39201</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia-Pacific LLC</u>		<u>12 / 20 / 10</u>	\$ 250.00
Mailing Address <u>450 Laurel Street, Suite 1420</u>		<u> / / </u>	\$
City, State, Zip Code <u>Baton Rouge, Louisiana 70801</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00

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ITEMIZED DISBURSEMENTS

A. Full name Tarver Program Consultants, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3910 Old U.S. Hwy 45 North	1 / 18 / 10	\$309.23
City, State, Zip Code Meridian, Mississippi 39301	__ / __ / __	\$
Purpose of Disbursement (Optional) Campaign web site hosting	Aggregate Year-to-date	\$ 309.23
B. Full name Gregg Happer for Congress Committee	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3 / 5 / 10	\$250.00
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional) campaign contribution	Aggregate Year-to-date	\$ 250.00
C. Full name 5 Star Sports	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4 / 7 / 10	\$259.99
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional) advertisement on 2010 high school calendar	Aggregate Year-to-date	\$ 259.99
D. Full name Meridian Symphony Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2120 4th Street	7 / 2 / 10	\$250.00
City, State, Zip Code Meridian, Mississippi 39301	__ / __ / __	\$
Purpose of Disbursement (Optional) advertisement in 2010-11 program	Aggregate Year-to-date	\$ 250.00
E. Full name Bill Marcy for Congress Committee	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 / 21 / 10	\$250.00
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional) campaign contribution	Aggregate Year-to-date	\$ 250.00
F. Full name Friends of Phil Bryant Committee	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11 / 16 / 10	\$250.00
City, State, Zip Code	__ / __ / __	\$
Purpose of Disbursement (Optional) campaign contribution	Aggregate Year-to-date	\$ 250.00